

**Motion and Affidavit for Permission
to Appeal In Forma Pauperis**

Troy K. Scheffler

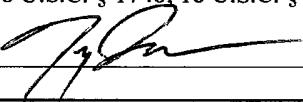
v.

Minnesota Department of Human Services, et al.

Appeal No. _____
District Court or Agency No. 14-CV-2946

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: 

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 03-12-2015

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source | Average monthly amount during the past 12 months | Amount expected next month |
|---------------|---|----------------------------|
|---------------|---|----------------------------|

| | | | | |
|--|------------------|--------------------|------------------|--------------------|
| Employment | You <u>\$ 0</u> | Spouse <u>\$ 0</u> | You <u>\$ 0</u> | Spouse <u>\$ 0</u> |
| Self-employment | You <u>\$ 70</u> | Spouse <u>\$ 0</u> | You <u>\$ 70</u> | Spouse <u>\$ 0</u> |
| Income from real property (such as rental income) | You <u>\$ 0</u> | Spouse <u>\$ 0</u> | You <u>\$ 0</u> | Spouse <u>\$ 0</u> |
| Interest and dividends | You <u>\$ 0</u> | Spouse <u>\$ 0</u> | You <u>\$ 0</u> | Spouse <u>\$ 0</u> |
| Gifts | You <u>\$ 0</u> | Spouse <u>\$ 0</u> | You <u>\$ 0</u> | Spouse <u>\$ 0</u> |
| Alimony | You <u>\$ 0</u> | Spouse <u>\$ 0</u> | You <u>\$ 0</u> | Spouse <u>\$ 0</u> |

| | | | | |
|--|-----------------------|--------------------|-----------------------|--------------------|
| Child support | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Disability (such as social security, insurance payments) | \$ <u>1511</u> | \$ <u>0</u> | \$ <u>1511</u> | \$ <u>0</u> |
| Unemployment payments | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Public-assistance (such as welfare) | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Other (specify): _____ | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> |
| Total monthly income: | \$ <u>1581</u> | \$ <u>0</u> | \$ <u>1581</u> | \$ <u>0</u> |

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------------|--------------|---------------------|-------------------|
| Array Services | Scotia, MN | 06/07 - 10/07 | \$5000 |
| Alliance One | Eagan, MN | 09/05 - 10/06 | \$5000 |
| IC System | St. Paul, MN | 08/04 - 11/04 | \$5000 |

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| N/A | | | |
| | | | |
| | | | |

4. How much cash do you and your spouse have? \$ 20.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Financial institution | Type of account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|------------------|------------------------|
| Financial One CU | Checking | \$ <u>01</u> | \$ <u>—</u> |
| Financial One CU | Savings | \$ <u>10.00</u> | \$ <u>—</u> |
| | | \$ <u> </u> | \$ <u> </u> |

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

| | | | | | |
|------------------|------------|-------------------|---------|------------------|---------|
| Home | (Value) | Other real estate | (Value) | Motor vehicle #1 | (Value) |
| <u>120,400</u> | | | | <u>N/A</u> | |
| | | | | Make & year: | |
| | | | | Model: | |
| Motor vehicle #2 | (Value) | Other assets | (Value) | Other assets | (Value) |
| Make & year: | <u>N/A</u> | | | | |
| Model: | | | | | |
| Registration #: | | | | | |

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| <u>Murphy, et al</u> | <u>3,000</u> | <u>N/A</u> |
| | | |
| | | |

7. State the persons who rely on you or your spouse for support.

| Name | Relationship | Age |
|------------|--------------|-----|
| <u>N/A</u> | | |
| | | |
| | | |

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

| | You | Your Spouse |
|---|---------------|---------------|
| Rent or home-mortgage payment (include lot rented for mobile home) | \$ <u>100</u> | \$ <u>N/A</u> |
| Are real-estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ <u>200</u> | \$ <u>—</u> |
| Home maintenance (repairs and upkeep) | \$ <u>20</u> | \$ <u>—</u> |
| Food | \$ <u>50</u> | \$ <u>—</u> |
| Clothing | \$ <u>10</u> | \$ <u>—</u> |

| | | |
|--|-----------------------|--------------------|
| Laundry and dry-cleaning | \$ <u>10</u> | \$ <u>—</u> |
| Medical and dental expenses | \$ <u>10</u> | \$ <u>—</u> |
| Transportation (not including motor vehicle payments) | \$ <u>20</u> | \$ <u>—</u> |
| Recreation, entertainment, newspapers, magazines, etc. | \$ <u>20</u> | \$ <u>—</u> |
| Insurance (not deducted from wages or included in Mortgage payments) | \$ <u>139</u> | \$ <u>—</u> |
| Homeowner's or renter's | \$ <u>0</u> | \$ <u>—</u> |
| Life | \$ <u>0</u> | \$ <u>—</u> |
| Health | \$ <u>(139)</u> | \$ <u>—</u> |
| Motor Vehicle | \$ <u>0</u> | \$ <u>—</u> |
| Other: _____ | \$ <u>0</u> | \$ <u>—</u> |
| Taxes (not deducted from wages or included in Mortgage payments) (specify): _____ | \$ <u>0</u> | \$ <u>—</u> |
| Installment payments | | |
| Motor Vehicle | \$ <u>0</u> | \$ <u>—</u> |
| Credit card (name): _____ | \$ <u>0</u> | \$ <u>—</u> |
| Department Store (name): _____ | \$ <u>0</u> | \$ <u>—</u> |
| Other: _____ | \$ <u>0</u> | \$ <u>—</u> |
| Alimony, maintenance, and support paid to others | \$ <u>0</u> | \$ <u>—</u> |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ <u>0</u> | \$ <u>—</u> |
| Other (specify): _____ | \$ <u>0</u> | \$ <u>—</u> |
| Total monthly expenses: | \$ <u>1479</u> | \$ <u>—</u> |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Very much in debt. Barely make ends meet to feed my service dog. Especially difficult since the state nearly tripled insurance premiums only for disabled adults since the initiation of this case...

13. State the address of your legal residence.

965 104th Ave NW
Coon Rapids, MN 55433

Your daytime phone number: (763) 225-7702

Your age: 39 Your years of schooling: 18

Your social-security number: 352-78-9105